

Administrative Policies and Procedures: 14.3

Subject: Screening, Assignment and Response Priority of Child Protective Services Cases

Supersedes: DCS 14.3, 01/01/02

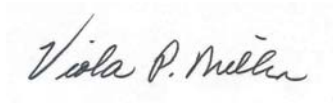
Local Policy: No

Local Procedures: No

Training Required: No

Applicable Practice Model Standard(s): Yes

Approved by:



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Application

To All Department of Children's Services Child Protective Services Employees

Authority: TCA 37-5-105; 37-5-106; 37-1-405; 37-1-406(a)(b); 37-1-604 and 37-1-607

Policy

Reports alleging the abuse and/or neglect of children shall be screened to determine the need for a CPS investigation and shall be either assigned for investigation in the appropriate jurisdiction or "screened out", and if assigned, shall be given a response priority based on the critical nature of the allegations of harm. The CPS case manager responsible for the investigation and initial assessment of a case will either manage the case, or actively monitor the management of the case, until the case is closed or formally transferred to a Family Services case manager.

Procedures

A. Screening and assignment decisions

The Central Intake designated staff shall screen each report, assign a response priority and make assignment. The Central Intake Team Leader will take one of the following actions on each report based on criteria listed in DCS Policy [14.2, Child Protective Services Intake Decisions](#).

1. Gather more information in order to accurately assess the risk of harm to the child,

2. Assign for CPS investigation, or
3. Screen out the report.

B. Reports requiring more information

1. If the team leader decides to gather more information before making a screening decision, then he/she must document in the intake narrative the decision to:
 - a) Gather more information,
 - b) What additional information should be gathered,
 - c) Who is responsible for gathering the additional information,
 - d) Specific time frames for gathering more information, and
 - e) Activities that were conducted to gather more information and the results.
2. Any information needed to make a screening decision should occur within twenty-four (24) hours or less.

C. Reports screened out

1. For all screened out reports, the team leader or designee will document why the report did not meet the criteria for investigation in the intake narrative box on the TN Kids screen (or on form *CS-0680, Child Protective Services Intake*, when the TN Kids system is down).
2. Screened out reports will be maintained on the TN Kids system.
3. If a referral is not accepted for CPS but involves other agencies with investigative and/or licensure responsibilities (e.g., law enforcement, DMH/DD licensed facilities, DHS daycare or DCS licensure), the appropriate agency shall be notified on the day the screening decision is made or the next business day. The name of the agency and person notified shall be documented in TN Kids intake screen.

D. Reports accepted

Reports meeting the criteria for acceptance as a CPS investigation, shall be assigned a response priority and assigned.

E. Response priorities defined

Response Priorities will be made to determine the timeframe in which an investigation must be initiated (initiation of the investigation includes any required investigative activities

identified in DCS policy [14.5, Investigation of Alleged Child Abuse and Neglect, Section C](#)). In order to determine the response priority, critical safety and risk factors of the child(ren) must be assessed. The assessment of safety/risk to the child will be determined by using the [Response Priority Decision Tree](#).

Please note: Measurement of response time begins at the time the referral has been identified as meeting criteria for CPS investigation in Central Intake.

The following are options for response priority:

1. **Priority-1 (P-1): IMMEDIATE RESPONSE** - for referrals in which children may be in imminent threat of serious harm or death.
 - a) Investigations assigned this priority will begin investigative tasks **immediately**. Face-to-face contact with the victim(s) will be accomplished **within two (2) hours** after receiving the referral.
 - b) **Priority-1R (P-1R):** In rural regions (except Shelby, Davidson, Hamilton and Knox) the CPS worker has a maximum of **three (3) hours** to make a face-to-face contact with the victim(s).
 - c) **Priority-1** reports alleges that a child's immediate safety or well-being is in danger and includes, but not limited to:
 - ◆ A custodial child with injuries related to allegations of abuse or neglect,
 - ◆ Tormented or tortured,
 - ◆ Life threatening situations or significant injuries (i.e., child under 2 not being fed properly; under 6 currently left alone),
 - ◆ Living in a home where another child died as a result of maltreatment,
 - ◆ Sexual abuse where the alleged perpetrator has current access or will have access within next forty-eight (48) hours or perpetrator's access is unknown,
 - ◆ Significant injury (i.e., broken bones, burns, lacerations, injuries to head or torso that suggest the use of an instrument such as boards, irons,

cigarettes, etc, poisoning or suffocation, use of restraints, bruises, welts and abrasions covering multiple body surfaces or appear in different stages of healing, etc.),

- ◆ Family may flee/child made unavailable, or
- ◆ Reports from law enforcement or medical professionals requiring assistance that meets criteria for immediate response.

2. Priority-2 (P-2): 2 days (48 hours) after the report has been sent to the county for assignment: Reports that are assigned this priority will include any referrals that allege injuries or risk of injuries that are not life threatening or do not require immediate medical care.

- a) Investigations given this priority must be initiated within 48 hours of screening decision. Face-to-face contact with the child must be made within forty-eight (48) hours. **Priority-2** situations are those where a 48-hour delay will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child.
- b) All other sex abuse investigations that do not meet **P-1** criteria must be commenced within twenty-four (24) hours of the receipt of the report. (Commencement of the investigation may include initiating activities to convene the Child Protection Investigation Team (CPIT) and/or discussion with the Child Advocacy Center regarding the referral.) **NOTE: According to TCA, CPIT must be convened within twenty-four (24) hours of the receipt of the report.**
- c) Children under 4 years old are our most vulnerable population. When a report involving a child less than 4 years old does not meet criteria for a **P-1**, but does meet criteria for investigation, response time will be no less than a **P-2**. **Priority-2** response for children under 4 years old include:
 - ◆ The 3rd report on a child under 4 years old when the 2 previous reports have been screened out; or
 - ◆ A child under age 4 who is the victim, regardless of the severity of the allegations that does not meet criteria for **P-1**.

Examples: Minor bruises, domestic violence incidents, substantial risk of harm, drug exposed infant, drug exposed

child, nutritional neglect, medical neglect – non-life threatening.

3. Priority-3 (P-3): Five (5) Working days after assignment

Reports that are assigned this priority will include any referrals that allege situations/ incidents that are considered to pose low risk of harm to the child.

a) Investigations based on reports given this priority must be initiated **within five (5) working days** after the report is assigned. **Priority-3** situations are those where the delay will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child.

b) **Examples:** environmental neglect (non-life threatening), medical neglect (non-life-threatening), educational assessment (an assessment to identify underlying problems must occur), lack of supervision (not currently alone or over 6 years old), abandonment, sexual abuse- happened over one (1) year ago- perpetrator's whereabouts are unknown.)

**F. Selecting
response priority**

1. For each report meeting the criteria for investigation, the designated Central Intake staff shall determine the response priority within which the investigation must be initiated. This determination shall occur on the same day the report is received unless extended intake occurs.
2. The team leader or designee must select for the report a response priority based upon the perceived harm or risk of harm to the child, possible preservation of the evidence, and coordination of the investigation with other investigative agencies (Child Protective Investigation Team (CPIT) or individuals from agencies that license facilities). Refer to DCS Policy [14.14 Large Scale Child Protective Services Investigations](#).
3. To determine the response priority, the team leader or designee, will use the [Response Priority Decision Tree](#) to assess how quickly the investigation must be initiated.
4. Once the response priority has been determined, the referral will be placed on the appropriate county's assignment pool in TN Kids.
5. When referrals are determined to be **P-1's** or **P-2's**, Central Intake will notify the county's Team Leader of the emergency report as follows:

- a) During the regular business day and after hours, Central Intake will notify the counties of all **P-1's** on their tree;
- b) On Friday or the day before a holiday, Central intake will notify the county of any **P-1's** and **P-2's** placed on their tree.

G. Reports assigned for investigation

- 1. The Central Intake team leader or designee shall forward accepted reports meeting the criteria for **P-1**, **P-2** or **P-3** response to the appropriate county for assignment.
- 2. If a report appropriate for investigation is made on a weekend, holiday, or after regular working hours, Central Intake will forward to the appropriate county. The referral may be assigned to a case manager the morning of the next working day, unless the report meets the criteria for a **P-1** or **P-2** response, which will be assigned on the same day it was received.
- 3. If a referral is accepted for CPS but involves other agencies with investigative and/or licensure responsibilities (e.g., law enforcement, DMH/DD licensed facilities, DHS daycare or DCS licensure), the appropriate agency shall be notified on the day the report is accepted or the next business day by the regional team leader. The name of the agency and person notified shall be documented in TN Kids intake screen. Refer to DCS Policy [1.31, Special Investigations](#).

H. Reconsideration of response priority from Central Intake

- 1. Reconsideration is a request from the regional staff for a change in the assignment or response priority of a CPS investigation. Requests made for reconsideration by Central Intake can occur one (1) time from the regional staff with the final decision made by Central Intake after the initial reconsideration from the field.
- 2. Reconsideration can occur under one of the following circumstances:
 - a) Regional staff has additional information that might result in a change in the assignment decision or response priority;
 - b) There is a question of jurisdiction of an assigned referral;

2. If the Regional Team Leader requests a reconsideration:
 - a) The regional Team Leader will submit the referral back to Central Intake via the reconsideration process in TN Kids.
 - b) If the original Central Intake Team Leader is logged on, the referral will be submitted to them.
 - c) If the original screener is not logged on, the regional Team Leader will submit to another Central Intake Team Leader.
3. If the referral has been assigned to SIU the same reconsideration process applies.
4. Timeframe for reconsiderations:
 - a) Emergency **P-1's** that need to be reconsidered will be submitted back to Central Intake immediately on the day they are received. Central Intake will make them a priority and either screen out or send back for assignment on the same day.
 - b) **Priority-2** referrals will be reconsidered the same day they are submitted.
 - d) **Priority-3** referrals will be sent back for reconsideration by the next working day and unless they are screened out, Central Intake will send the referral back on the same day.

Forms

CS-0680 Child Protective Services Intake

TN Kids Intake Screen

Collateral Documents

Structured Decision Making - Response Priority Decision Tree

Standards

Guiding Principle 1: DCS primary responsibilities are to prevent child maltreatment, promote child and family well being, and aid and prepare youthful offenders in becoming constructive members of their communities.

DCS Practice Model Standard - 5-200

DCS Practice Model Standard - 11-100

DCS Practice Model Standard - 11-101

DCS Practice Model Standard - 11-102

DCS Practice Model Standard - 11-103

DCS Practice Model Standard - 11-300A

DCS Practice Model Standard - 11-301A

Glossary

Term	Definition
Child Protective Investigation Team (CPIT):	A multi-disciplinary team that conducts an investigation of alleged sexual abuse or other severe child abuse. A CPIT includes one DCS Case Manager, one representative from the District Attorney's office, one juvenile court officer or investigator from a court of competent jurisdiction, one properly trained law enforcement officer with county-wide jurisdiction from the county where the child resides or where the abuse/neglect occurred, and one representative from the mental health profession (optional).
Convening CPIT:	Face-to-face <u>or</u> telephone contact with at least 1 CPIT member to discuss the allegations, investigative strategy and next steps.
Initiated:	Face-to-face contact with the child or "convening CPIT" when CPIT is involved.

***Response Priority
Decision Tree:***

A set of decision trees that guides caseworkers through key questions that allow them to determine how quickly to respond to a CPS referral that guide Central Intake Team Leaders.

Screened out:

Refers to reports of alleged child maltreatment that do not constitute a need for investigation. The report may describe a problem or need, but does not rise to the level that would require the State's intrusion into a family's life.